



Express Mail Label No. (if applicable)

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application No.	09/937,150
Filing Date	March 26, 2002
First Named Inventor	Burke, Jr.
Group Art Unit	1653
Examiner Name	David Lukton
Attorney Docket No	401371
Client Reference No	E-105-1999/0-US-07

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

**1. Submission required under 37 CFR 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on  
(Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- iii. ☐ Other:
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☒ Form PTO-1449
- v. ☒ Copies of References listed in Form PTO-1449  
(except for U.S. patents and applications)
- vi. ☒ Other: Copy of Petition to Withdraw from Issue

**2. Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
- b. ☐ Applicant claims small entity status. See 37 CFR 1.27
- c. ☐ Other:

**3. Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.
- i. ☒ RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e)
- ii. ☐ One-month extension of time fee of \$120.00
- iii. ☐ An extension for \_\_\_\_\_ has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total amount of extension now requested.
- iv. ☒ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- v. ☐ Suspension of action fee of \$130.00 (37 CFR 1.17(i))
- vi. ☐ Other:
- vii. ☐ Claim fee

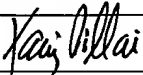
\$790.00


CLAIM FEE		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL			MINUS		=	x 25=	\$	x 50=	\$
INDEPENDENT			MINUS		=	x 100=	\$	x 200=	\$
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM					+ 180=	\$	+ 360=	\$
									Claim fee total

**Total amount to be charged to Deposit Account**

\$790.00

- b. ☒ The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Xavier Pillai	Registration No. (Attorney/Agent)	39,799
Signature		Date	July 12, 2006
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being <input checked="" type="checkbox"/> deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 in an envelope addressed in the same manner indicated on this document with Express Mail Label Number EV709903996US, <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed in the same manner indicated on this document, or <input type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	Xavier Pillai		
Signature		Date	July 12, 2006